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BH15 Efficacy and safety of baricitinib in the management of severe alopecia areata over a 6-month period: a real-world experience

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Alopecia areata (AA) is an autoimmune condition that targets the hair follicles, causing nonscarring hair loss. It can manifest with different patterns, ranging from discrete bald patches on the scalp to complete loss of body hairs. Despite being considered a disease of purely aesthetic concern, recent data support its systemic nature. In June 2022, baricitinib, an oral selective inhibitor of Janus kinases 1 and 2, was the first US Food and Drug Administration-approved systemic treatment for adult patients with severe AA. Our objective was to present the efficacy and safety of baricitinib in the management of adult patients with severe AA in real practice at 24 weeks. All consecutive adult patients diagnosed with severe AA, who were started on baricitinib in our specialist hair clinic, and completed 24 weeks of treatment were eligible. Access to baricitinib was granted after approval by the national organization for the provision of health services on a case-by-case basis. Demographic data, disease history, previous treatments for AA and comorbidities were documented. Severity of Alopecia Tool (SALT) score, loss of eyebrows/eyelashes, hair loss in other parts of the body and nail involvement were also assessed. Patients completed the Dermatology Life Quality Index (DLQI), Patient Health Questionnaire (PHQ)-9 and Generalised Anxiety Disorder Assessment (GAD-7) at each visit. Safety profile was also assessed. Visits were performed at T1 (4 weeks), T2 (8 weeks), T3 (12 weeks) and T4 (24 weeks). Ten patients were included in the analysis. The male-to-female ratio was 3:2. Mean patient age was 34.8 years. All were White. Sixty per cent of patients had alopecia universalis/totalis, 30% had ophiasis and 10% had patchy alopecia. Mean disease duration was 6.1 years. The most common comorbidities were depression and anxiety. Baseline mean SALT score was 82, which decreased significantly at weeks 8, 12 and 24. Ninety per cent had eyebrow/eyelash regrowth. Patients with more recent disease onset responded quicker than those with a more chronic disease course. Nail involvement was noted in 30% of patients, which improved in all of them at week 24. There was a significant decrease in PHQ-9, GAD-7 and DLQI scores at weeks 8, 12 and 24. Forty per cent of patients developed an acneiform rash, 30% an upper respiratory infection, 10% a vaginal infection, 40% transient raised creatine kinase, 20% dyslipidaemia and 20% transient neutropenia and anaemia. Our real-world data showed a quick onset of action for baricitinib and encouraging results in terms of efficacy at week 24. Safety profile was acceptable, with many of the adverse events being transient and not requiring treatment. No severe adverse events were noted. Studies with a larger number of patients and longer duration of treatment are needed to assess the long-term efficacy and safety of baricitinib in everyday clinical practice. Finally, national registries for patients with AA could play a crucial role.